



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNION HOSPITAL (CLINTON)

City of Hospital: Clinton

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Tammie Brown

Email Address: fatsb@uhhg.org

Medicare Provider Number: 15-1326

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8067939
Outpatient Patient Service Revenue	\$62973301
Total Gross Patient Service Revenue	\$71041240

2. Deductions From Revenue

Contractual Allowance	\$42342652
Other Deductions	\$5132327
Total Deductions	\$47474979

3. Total Operating Revenue

Net Patient Service Revenue	\$23566261
Other Operating Revenue	\$362863
Total Operating Revenue	\$23929124

4. Operating Expenses

Salaries and Wages	\$7109814	Employee Benefits	\$1505081
Depreciation and Amortization	\$1162530	Interest Expense	\$703
Bad Debt	\$0	Other Expenses	\$11684751
Total Operating Expenses	\$21462879		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2466245	Total Assets	na
Net Non-operating Gains over Loss	\$708	Total Liabilities	na

Total Net Gains	\$2466953
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32721595	\$18088792	\$14632803
Medicaid	\$16367902	\$14904714	\$1463188
Other Government	\$916432	\$0	\$916432
Other State	\$234436	\$130948	\$103488
Other Payers	\$20800875	\$9218198	\$11582677
Total	\$71041240	\$42342652	\$28698588

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6242	\$-6242

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$71840	\$-71840
Hospital Patients	\$0	\$95019	\$-95019
Community Education	\$0	\$8667	\$-8667

Number of Medical Professionals Trained	15828
Number of Hospital Patients Educated	21391
Number of Citizens Exposed to Health Education Messages	2066

Statement Six: Charity Statement
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Hospital Charity Charges	\$1261603
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$332066	
HCI Payments	\$0		
Subtotal	\$0	\$332066	\$-332066
Medicaid Shortfalls	\$0	\$891790	
Subtotal	\$0	\$1223856	\$-1223856
DSH Payments	\$0		
Subtotal	\$0	\$1223856	\$-1223856
Medicare Shortfalls	\$0	\$8693261	
Other Government Programs	\$0	\$0	
Total	\$0	\$9917117	\$-9917117

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$95019	\$-95019
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$39230	\$-39230
Other Allocations	\$0	\$0	\$0

Comments

we are waiting to file the 990

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